

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 44
 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Julia Perry | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 2046 Perrin St Apt C | | Amount 100.00 | |
| City Shreveport | State LA | Zip Code 71101 | Transaction ID : aead3518-8f23-48a8-b |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Julia Perry | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 2046 Perrin St Apt C | | Amount 6.00 | |
| City Shreveport | State LA | Zip Code 71101 | Transaction ID : e3edc727-8e0e-4138-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 106.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Felicia A Jones | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 4106 Martha St | | Amount 80.00 | |
| City Shreveport | State LA | Zip Code 71109 | Transaction ID : 12173803-708b-4ccf-a |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Felicia A Jones | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 4106 Martha St | | Amount 9.30 | |
| City Shreveport | State LA | Zip Code 71109 | Transaction ID : 7745991a-c539-4d3f-8 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 89.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |

| | | | |
|---|-----------------------|--|---------------------------------------|
| Full Name of Payee Jerome M Weil | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Mailing Address 101 Durham Drive | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20.00</div> | |
| City Lafayette | State LA | Zip Code 70508 | Transaction ID : 8f394849-76ca-48c7-b |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|--|---------------------------------------|
| Full Name of Payee Jerome M Weil | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Mailing Address 101 Durham Drive | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4.50</div> | |
| City Lafayette | State LA | Zip Code 70508 | Transaction ID : 39e441be-1427-491a-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">24.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

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|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|--------------------|--|---|--|--|
| Full Name of Payee Scott Smith | | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | | |
| Mailing Address 405 Pennsylvania St | | | Amount 10.00 | | |
| City New Roads | State LA | Zip Code 70760 | Transaction ID : 0692ff22-e14b-4453-a | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|---|--------------------|--|---|--|--|
| Full Name of Payee Scott Smith | | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | | |
| Mailing Address 405 Pennsylvania St | | | Amount 18.00 | | |
| City New Roads | State LA | Zip Code 70760 | Transaction ID : 60ad7674-7e04-4d9e-a | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 28.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|--|---|--|
| Full Name of Payee Jeanne Tribou | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> | |
| Mailing Address 22369 Ponderosa Dr. | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div> | |
| City State Zip Code Mandeville LA 70471 | Transaction ID : d78cfb8f-c88b-4048-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">505646.06</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|--|---|--|
| Full Name of Payee Jeanne Tribou | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> | |
| Mailing Address 22369 Ponderosa Dr. | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5.10</div> | |
| City State Zip Code Mandeville LA 70471 | Transaction ID : bfadabca-830a-4e0a-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">505646.06</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.10</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 44
FOR SE OF FORM 24/48

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|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|---|--|---|
| Full Name of Payee Corey S McKnight | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> | |
| Mailing Address 1510 Bailey St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div> | |
| City West Monroe | State LA | Zip Code 71292 | Transaction ID : a64b195d-1e74-4c55-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">505646.06</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|---|--|---|
| Full Name of Payee Heather A Smith | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> | |
| Mailing Address 995 Clairborne Rd | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div> | |
| City Calhoun | State LA | Zip Code 71225 | Transaction ID : fc51734b-c60b-4a15-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">505646.06</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 44
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|--|--|
| Full Name of Payee Heather A Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 995 Clairborne Rd | | Amount 15.00 | |
| City Calhoun | State LA | Zip Code 71225 | Transaction ID : e7434428-948e-4994-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------------------|--|--|
| Full Name of Payee Amanda Boley | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address Split Oak Drive | | Amount 91.50 | |
| City charlotte | State NC | Zip Code 28227 | Transaction ID : ed809f1a-a5e8-4a3b-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 106.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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| | | | |
|--|----------------------|---|--|
| Full Name of Payee Amanda Boley | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address Split Oak Drive | | Amount 27.57 | |
| City charlotte | State NC | Zip Code 28227 | Transaction ID : 486857b0-8e62-45e9-9 Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Purpose of Expenditure Mileage | Category/Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|----------------------|---|--|
| Full Name of Payee Jenny N Brown | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 1270 Lovelady Rd | | Amount 50.00 | |
| City West Monroe | State LA | Zip Code 71292 | Transaction ID : 3d64155e-686f-4eb1-9 Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Purpose of Expenditure Salary | Category/Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 77.57 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

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| | | | |
|--|----------------------|---|--|
| Full Name of Payee Jenny N Brown | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 1270 Lovelady Rd | | Amount 12.00 | |
| City West Monroe | State LA | Zip Code 71292 | Transaction ID : bbfe75f6-6be6-4a34-b Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Purpose of Expenditure Mileage | Category/Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">505646.06</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|----------------------|---|--|
| Full Name of Payee Beau Autin | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 345 Auroura Ave | | Amount 50.00 | |
| City Metairie | State LA | Zip Code 70006 | Transaction ID : 06437dba-4c05-46da-9 Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Purpose of Expenditure Salary | Category/Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">505646.06</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 62.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 44
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|--|--|
| Full Name of Payee Beau Autin | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 345 Auroura Ave | | Amount 2.07 | |
| City Metairie | State LA | Zip Code 70006 | Transaction ID : 2372d912-9b4e-4f40-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|--|--|
| Full Name of Payee Gary W Fuhrmann | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 9425 Jessica Drive | | Amount 45.00 | |
| City Shreveport | State LA | Zip Code 71106 | Transaction ID : 8817a328-313e-44f2-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 47.07 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Gary W Fuhrmann | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 9425 Jessica Drive | | Amount 7.50 | |
| City Shreveport | State LA | Zip Code 71106 | Transaction ID : ab3e8b2b-3119-4225-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Krista J Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 41176 Bertville Rd | | Amount 30.00 | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : b2cf8ba4-66fd-411b-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 37.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|------------------------------|---|--|
| Full Name of Payee Krista J Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 41176 Bertville Rd | | Amount 6.66 | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : 9eebd133-9332-4e5d-a |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|------------------------------|---|--|
| Full Name of Payee Tammay Williams | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 924 N. Prieur St | | Amount 80.00 | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : 3f42db73-7519-4517-a |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 86.66 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

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|---|-----------------------|--|
| Full Name of Payee Tammy Williams | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 |
| Mailing Address 924 N. Prieur St | | Amount 16.50 |
| City New Orleans | State LA | Zip Code 70116 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Transaction ID : 4609bd88-1f82-447a-a Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|-----------------------|--|
| Full Name of Payee Antoinette Franklin | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 |
| Mailing Address 8822 Apple St | | Amount 80.00 |
| City New Orleans | State LA | Zip Code 70188 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 3ed0732b-3913-495a-9 Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 96.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 14 OF 44
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|-------------------|--|---|
| Full Name of Payee Antoinette Franklin | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | |
| Mailing Address 8822 Apple St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.50</div> | |
| City New Orleans | State LA | Zip Code 70188 | Transaction ID : 580a33af-92c0-462a-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |
| Purpose of Expenditure Mileage | Category/ Type | <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> </div> </div> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee Windy Hageman | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | |
| Mailing Address 5521 Randolph St. | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div> | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : 44b6710f-a900-4b12-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |
| Purpose of Expenditure Salary | Category/ Type | <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> </div> </div> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">66.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Windy Hageman | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 5521 Randolph St. | | Amount 6.90 | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : 8fd994fb-763a-4abd-a |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Cathy Longtin | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 827 Navavre Ave | | Amount 45.00 | |
| City New Orleans | State LA | Zip Code 70124 | Transaction ID : fbea7692-d3d1-4336-b |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 51.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 16 OF 44
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|--|--|
| Full Name of Payee Cathy Longtin | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 827 Navavre Ave | | Amount 9.00 | |
| City New Orleans | State LA | Zip Code 70124 | Transaction ID : 03ceb5a0-abd6-4cca-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|--|--|
| Full Name of Payee Donna S Wilson | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 4456 Country Hill Dr | | Amount 30.00 | |
| City Baton Rouge | State LA | Zip Code 70816 | Transaction ID : f565a141-4801-4acb-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 39.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|---|---|--|
| Full Name of Payee Donna S Wilson | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> | |
| Mailing Address 4456 Country Hill Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9.00 </div> | |
| City Baton Rouge | State LA | Zip Code 70816 | Transaction ID : 64f85007-411c-44ab-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 002 </div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 505646.06 </div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|---|---|--|
| Full Name of Payee Joneisha Stewart | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> | |
| Mailing Address 2329 Runnymede Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 40.00 </div> | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : 58df5ccd-58e9-479a-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 001 </div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 505646.06 </div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 49.00 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 49.00 </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Joneisha Stewart | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 2329 Runnymede Dr | | Amount 7.59 | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : ae94aed0-2473-4817-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Ryan Drake | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 29637 Park St | | Amount 40.00 | |
| City Walker | State LA | Zip Code 70785 | Transaction ID : 3dd0b711-4674-49bb-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 47.59 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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12 / 04 / 2014

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|--|--|
| Full Name of Payee Ryan Drake | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 29637 Park St | | Amount 15.00 | |
| City Walker | State LA | Zip Code 70785 | Transaction ID : 88cbf610-444a-4865-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|--|--|
| Full Name of Payee Scott Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 405 Pennsylvania St | | Amount 7.50 | |
| City New Roads | State LA | Zip Code 70760 | Transaction ID : d1d88664-26a5-47c0-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 22.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|--|--|
| Full Name of Payee Scott Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 405 Pennsylvania St | | Amount 18.00 | |
| City New Roads | State LA | Zip Code 70760 | Transaction ID : 288eca58-5b02-4611-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|--|--|
| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 220 Doucet Rd | | Amount 50.00 | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 25c38ff3-2373-4b8c-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 68.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|----------------------|--|---|
| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 220 Doucet Rd | | Amount 0.99 | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 8921e773-57bf-4cd5-9 Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Purpose of Expenditure Mileage | Category/Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 505646.06 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|----------------------|--|---|
| Full Name of Payee Warren Gravois | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 16005 7th St | | Amount 85.00 | |
| City Pearlington | State MS | Zip Code 39572 | Transaction ID : 31590e46-1e70-4585-b Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Purpose of Expenditure Salary | Category/Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 505646.06 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

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|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 85.99 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|--|--|
| Full Name of Payee Warren Gravois | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 16005 7th St | | Amount 33.00 | |
| City Pearlington | State MS | Zip Code 39572 | Transaction ID : 47766161-f1f6-457c-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|--|--|
| Full Name of Payee ERIC TABARY | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 6101 NORA ST | | Amount 45.00 | |
| City METAIRIE | State LA | Zip Code 70003 | Transaction ID : f8c88b15-56e4-4e15-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 78.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------|--|---|
| Full Name of Payee ERIC TABARY | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 6101 NORA ST | | Amount 4.50 | |
| City METAIRIE | State LA | Zip Code 70003 | Transaction ID : 93615099-841f-4f13-9 Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 505646.06 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 110 W Pecan St | | Amount 65.00 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : ab489178-e543-4c94-9 Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 505646.06 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 69.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|---|--|---|
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> | |
| Mailing Address 110 W Pecan St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">39.00</div> | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : d6f1c5ec-232b-4aac-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">505646.06</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|---|--|---|
| Full Name of Payee Gregory Green | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> | |
| Mailing Address 2506 Bolch Street | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : b026bef3-b688-4544-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">505646.06</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

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|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">119.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee Gregory Green | | Date of Public Distribution/Dissemination 12 / 02 / 2014 | |
| Mailing Address 2506 Bolch Street | | Amount 42.30 | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : 07e8417f-cd9e-4445-9 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------------|---|---------------------------------------|
| Full Name of Payee Lilly Green | | Date of Public Distribution/Dissemination 12 / 02 / 2014 | |
| Mailing Address 205 Medallion Circle | | Amount 80.00 | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : 8b507f42-8dc9-4c1d-a |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 122.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|--|--|
| Full Name of Payee Lilly Green | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 205 Medallion Circle | | Amount 57.90 | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : 6ac86a66-96cc-4970-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|--|--|
| Full Name of Payee Sheri J Peace | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 9685 Paula St | | Amount 120.00 | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 32b587aa-0e9d-4f5f-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 177.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 27 OF 44
FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|--|--|
| Full Name of Payee Sheri J Peace | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 9685 Paula St | | Amount 51.30 | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : e0bfaa59-de4a-4362-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|--|--|
| Full Name of Payee Jessica R Resendiz | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 9685 Paula St | | Amount 80.00 | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : e2b2bb57-7335-4563-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 131.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 28 OF 44
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|---|--|---|
| Full Name of Payee Jessica R Resendiz | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">12 / 02 / 2014</div> </div> | |
| Mailing Address 9685 Paula St | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 36.90 </div> | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : e339ca2e-b2fe-4ff8-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">12 / 02 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 505646.06 </div> | | | |

| | | | |
|---|---|--|---|
| Full Name of Payee Noah J Smith | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">12 / 02 / 2014</div> </div> | |
| Mailing Address 41174 Bertville Rd | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 30.00 </div> | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : 24ed43fc-2cf3-4c61-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">12 / 02 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 505646.06 </div> | | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 66.90 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 29 OF 44
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|--|--|
| Full Name of Payee Ana L Esquivel | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 284 Cr 1401 | | Amount 100.00 | |
| City Carthage | State TX | Zip Code 75633 | Transaction ID : 088b9019-eb3a-4abe-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|--|--|
| Full Name of Payee Ana L Esquivel | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 284 Cr 1401 | | Amount 52.20 | |
| City Carthage | State TX | Zip Code 75633 | Transaction ID : 16cc4fd5-2ee9-4fc9-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 152.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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|----------------------|----|----|----|
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| FOR SE OF FORM 24/48 | | | |

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Taylor De Julian-Hernandez | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 284 Cr 1401 | | Amount 100.00 | |
| City Carthage | State TX | Zip Code 75633 | Transaction ID : 30c3b274-dcf8-427f-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Taylor De Julian-Hernandez | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 284 Cr 1401 | | Amount 45.00 | |
| City Carthage | State TX | Zip Code 75633 | Transaction ID : 8c873b09-c717-4344-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 145.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|----------------------|---|--|
| Full Name of Payee Hilary Townsend | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 4506 US Hwy 79 North | | Amount 80.00 | |
| City Deberry | State TX | Zip Code 75639 | Transaction ID : a5e97a05-c7e8-460e-b Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Purpose of Expenditure Salary | Category/Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|----------------------|---|--|
| Full Name of Payee Hilary Townsend | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 4506 US Hwy 79 North | | Amount 69.00 | |
| City Deberry | State TX | Zip Code 75639 | Transaction ID : a68a8a11-f74a-4950-9 Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Purpose of Expenditure Mileage | Category/Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 149.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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 12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|----------------------|--|---|
| Full Name of Payee Heather Ainsworth | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 9685 Paula St | | Amount 80.00 | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : 4773550e-99a2-4449-9 Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Purpose of Expenditure Salary | Category/Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 505646.06 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|----------------------|--|---|
| Full Name of Payee Heather Ainsworth | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 9685 Paula St | | Amount 31.20 | |
| City Keithville | State LA | Zip Code 71047 | Transaction ID : d8eff809-73ee-4d94-8 Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Purpose of Expenditure Mileage | Category/Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 505646.06 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 111.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 33 OF 44
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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Julia Perry | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 2046 Perrin St Apt C | | Amount 60.00 | |
| City Shreveport | State LA | Zip Code 71101 | Transaction ID : 5984eadf-0d7e-4a3e-9 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Julia Perry | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 2046 Perrin St Apt C | | Amount 6.90 | |
| City Shreveport | State LA | Zip Code 71101 | Transaction ID : 44784397-4b23-49bd-8 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 66.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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12 / 04 / 2014

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(Schedule E)PAGE 34 OF 44
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|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|---|--|
| Full Name of Payee Hannah J Landry | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 1110 N Coolidge | | Amount 105.00 | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : c141e11a-5821-4245-8 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|---|--|
| Full Name of Payee Hannah J Landry | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 1110 N Coolidge | | Amount 22.26 | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : 37fdde71-69d5-4003-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 127.26 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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12 / 04 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 35 OF 44
 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|----------------------|---|--|
| Full Name of Payee Mary C Lee | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 1030 N Coolidge Ave | | Amount 105.00 | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : 84a79cbc-461d-4adb-b Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Purpose of Expenditure Salary | Category/Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="float: right; border: 1px solid black; padding: 2px;"> 505646.06 </div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|----------------------|---|--|
| Full Name of Payee Mary C Lee | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 1030 N Coolidge Ave | | Amount 22.26 | |
| City Gonzales | State LA | Zip Code 70737 | Transaction ID : f3f89793-4f5b-4987-b Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Purpose of Expenditure Mileage | Category/Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="float: right; border: 1px solid black; padding: 2px;"> 505646.06 </div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 127.26 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 12 / 04 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|---|--|--|
| Full Name of Payee Brogan A Benoit | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> | |
| Mailing Address 7144 South River Rd | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div> | |
| City Addis | State LA | Zip Code 70710 | Transaction ID : 33a7ee29-aebd-4d0c-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA </div> </div> | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">505646.06</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|---|--|--|
| Full Name of Payee Brogan A Benoit | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> | |
| Mailing Address 7144 South River Rd | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8.70</div> | |
| City Addis | State LA | Zip Code 70710 | Transaction ID : 6d922aff-336b-445d-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA </div> </div> | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">505646.06</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">68.70</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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12 / 04 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------------|---|---|
| Full Name of Payee Jennifer F Gilbert | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 180 McNeil Steep Hollow Rd | | Amount 65.00 | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : b1c9a5f7-ce8d-4efa-8 |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-------------------|---|---|
| Full Name of Payee Jennifer F Gilbert | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 180 McNeil Steep Hollow Rd | | Amount 36.60 | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : d152486e-14de-4854-a |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 101.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 38 OF 44
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|--|--|
| Full Name of Payee Evelyn Lesaicherre | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 629 Radiance Ave | | Amount 80.00 | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : 56cab77c-812b-4c6c-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------------------|--|--|
| Full Name of Payee Evelyn Lesaicherre | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 629 Radiance Ave | | Amount 5.40 | |
| City Metairie | State LA | Zip Code 70001 | Transaction ID : 427ed124-c311-4846-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 85.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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12 / 04 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 39 OF 44
FOR SE OF FORM 24/48

| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|--|--------------------|-----------------------------|--|--|--|
| Full Name of Payee Felicia A Jones | | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | | |
| Mailing Address 4106 Martha St | | | Amount 90.00 | | |
| City Shreveport | State LA | Zip Code 71109 | Transaction ID : 1494cd45-640a-4b34-a | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|--|--------------------|-----------------------------|--|--|--|
| Full Name of Payee Felicia A Jones | | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | | |
| Mailing Address 4106 Martha St | | | Amount 11.40 | | |
| City Shreveport | State LA | Zip Code 71109 | Transaction ID : c262e58c-9e6f-4c1b-b | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 505646.06 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 101.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 04 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

| | | | |
|----------------------|----|----|----|
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| FOR SE OF FORM 24/48 | | | |

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|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee Carl Brent | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 6718 Lake Willow Dr | | Amount 80.00 | |
| City New Orleans | State LA | Zip Code 70126 | Transaction ID : 9d720533-314c-4744-9 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee Carl Brent | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 6718 Lake Willow Dr | | Amount 18.00 | |
| City New Orleans | State LA | Zip Code 70126 | Transaction ID : 422b8a2d-daf0-495a-8 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 98.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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12 / 04 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|----------------------|---|--|
| Full Name of Payee Billy Martin | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 250 Js Brewton RD | | Amount 60.00 | |
| City Goldonna | State LA | Zip Code 71031 | Transaction ID : 467014a5-004d-42f4-a Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Purpose of Expenditure Salary | Category/Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|----------------------|---|--|
| Full Name of Payee Billy Martin | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 02 / 2014 | |
| Mailing Address 250 Js Brewton RD | | Amount 5.40 | |
| City Goldonna | State LA | Zip Code 71031 | Transaction ID : 7e2a3e7b-240c-4572-8 Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2014 |
| Purpose of Expenditure Mileage | Category/Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 65.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 12 / 04 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|----------------------|---|--|
| Full Name of Payee Gage Blank | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2014 | |
| Mailing Address 5342 Eudora Dr | | Amount 40.00 | |
| City Addis | State LA | Zip Code 70710 | Transaction ID : 061fa384-1bdc-48ef-b Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2014 |
| Purpose of Expenditure Salary | Category/Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|----------------------|---|--|
| Full Name of Payee Gage Blank | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2014 | |
| Mailing Address 5342 Eudora Dr | | Amount 7.50 | |
| City Addis | State LA | Zip Code 70710 | Transaction ID : 7ec2f577-0111-4e1b-a Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2014 |
| Purpose of Expenditure Mileage | Category/Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu <div style="float: right;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 47.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 12 / 04 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Cathy Longtin | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | |
| Mailing Address 827 Navavre Ave | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> | |
| City New Orleans | State LA | Zip Code 70124 | Transaction ID : dae61d7c-79ee-489a-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">505646.06</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Cathy Longtin | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | |
| Mailing Address 827 Navavre Ave | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.40</div> | |
| City New Orleans | State LA | Zip Code 70124 | Transaction ID : 3213bc15-697f-4a8e-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |
| Purpose of Expenditure Mileage | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">505646.06</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">94.40</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

12

04

2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 44 OF 44
FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|----------------------|---|---|
| Full Name of Payee Brogan A Benoit | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2014 | |
| Mailing Address 7144 South River Rd | | Amount 50.00 | |
| City Addis | State LA | Zip Code 70710 | Transaction ID : a6890b40-5400-4ccd-9 Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2014 |
| Purpose of Expenditure Salary | Category/Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|----------------------|---|---|
| Full Name of Payee Brogan A Benoit | | Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 01 / 2014 | |
| Mailing Address 7144 South River Rd | | Amount 13.80 | |
| City Addis | State LA | Zip Code 70710 | Transaction ID : 30d55e53-1b52-4c49-a Date of Disbursement or Obligation MM / DD / YYYY 12 / 01 / 2014 |
| Purpose of Expenditure Mileage | Category/Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 63.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 3687.10 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 04 / 2014

Signature